

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

10/5310/4

APPLICANT

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1							51					
2								52					
3			2					53					
4			2					54					
5			1					55					
6			1					56					
7			1					57					
8								58					
9			1					59					
10								60					
11			1					61					
12			1					62					
13			1					63					
14			1					64					
15			1					65					
16								66					
17			1					67					
18			1					68					
19								69					
20								70					
21								71					
22								72					
23								73					
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37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.		1						TOTAL IND.					
TOTAL DEP.	17							TOTAL DEP.					
TOTAL CLASRS	18							TOTAL CLASRS					